

01/18/01
jc951 U.S. PTO

Express Mail: EL701425014US

Express Mail Date: January 18, 2001

01-19-01

APPROVED
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Approved for use through 12/30/2000 OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	8403.186
	First Named Inventor	Donald E. Weder
	Original Patent Number	5,861,199
	Original Patent Issue Date (Month/Day/Year)	01/19/1999
	Express Mail Label No.	EL701425014US

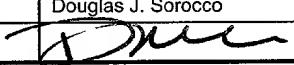
APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other: Statement Under 37 CFR 3.73(b)

15. CORRESPONDENCE ADDRESS

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NAME (Print Type)	Douglas J. Sorocco	Registration No. (Attorney/Agent)	43,145
Signature		Date	1-18-01

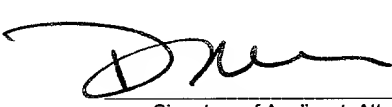
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01/18/01
 10991 U.S. PTO

Express Mail: EL701425014US
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PTO/SB/56 (08-00)
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number 8403.186		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 12	**** 0 =	x \$ _____ =	0	or	x \$ _____ = 0	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =			x \$ _____ = 0	
Basic Fee (37 CFR 1.16(h)) \$ _____								\$ 710.00
Total Filing Fee \$ _____							OR \$ 710.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 12	MINUS	** 20	* = 0	x \$ _____ =		x \$ _____ = 0	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 4	= 0	x \$ _____ =		x \$ _____ = 0	
Total Additional Fee \$ _____							OR \$ 0	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1700</u> in the amount of <u>\$710.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>04-1700</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><u>1-18-01</u></p> <p>Date</p> </div> <div style="text-align: center;">  <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Douglas J. Sorocco, Reg. No. 43,145</u></p> <p>Typed or printed name</p> </div> </div>								

Express Mail No. **EL70142594US**

Date Deposited **January 18, 2001**

PTO/SB/53 (10-00)

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**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)
8403.186

jc945 U.S. PTO
09/764365

01/18/01

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) Donald E. Weder

Patent Number 5,861,199

Date Patent Issued 01/19/1999

Title of Invention Optical Effect Material and Methods

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

Southpac Trust International, Inc.

The assignee(s) owning an undivided interest in said original patent is/are _____,
and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Southpac Trust International, Inc., not individually, but as Trustee of the Family Trust U/T/A dated December 8, 1995.

Signature

Charles A. Coddling

Date

1-18-01

Typed or printed name and title of person signing for assignee (if assigned)

Charles A. Coddling
Authorized Signatory for Southpac Trust International, Inc., not individually, but as Trustee of the Family Trust U/T/A dated December 8, 1995.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

